MAPLE LANE HEALTH CARE CENTER

N4231 STATE HWY 22

SHAWANO 54166 Phone: (715) 526-3158	3	Ownership:	County
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	78	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/04):	78	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	71	Average Daily Census:	73

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	29.6
Supp. Home Care-Personal Care	No					1 - 4 Years	29.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	15.5	More Than 4 Years	40.8
Day Services	No	Mental Illness (Org./Psy)	56.3	65 - 74	15.5		
Respite Care	No	Mental Illness (Other)	21.1	75 - 84	39.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	25.4	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	ĺ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	2.8	65 & Over	84.5		
Transportation	No	Cerebrovascular	2.8			RNs	9.4
Referral Service	No	Diabetes	5.6	Gender	%	LPNs	10.0
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	11.3	Male	35.2	Aides, & Orderlies	46.0
Mentally Ill	No			Female	64.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		:	Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	5	8.5	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.0
Skilled Care	0	0.0	0	54	91.5	117	0	0.0	0	12	100.0	137	0	0.0	0	0	0.0	0	66	93.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		59	100.0		0	0.0		12	100.0		0	0.0		0	0.0		71	100.0

MAPLE LANE HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.8	Bathing	12.7		53.5	33.8	71
Other Nursing Homes	16.7	Dressing	23.9		45.1	31.0	71
Acute Care Hospitals	33.3	Transferring	49.3		39.4	11.3	71
Psych. HospMR/DD Facilities	5.6	Toilet Use	29.6		57.7	12.7	71
Rehabilitation Hospitals	5.6	Eating	60.6		11.3	28.2	71
Other Locations	27.8	******	******	*****	******	******	*****
Total Number of Admissions	36	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.2	Receiving Resp	iratory Care	7.0
Private Home/No Home Health	11.1	Occ/Freq. Incontiner	nt of Bladder	57.7	Receiving Trac	heostomy Care	1.4
Private Home/With Home Health	5.6	Occ/Freq. Incontiner	nt of Bowel	28.2	Receiving Suct	ioning	2.8
Other Nursing Homes	0.0	į			Receiving Osto	my Care	9.9
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	5.6
Psych. HospMR/DD Facilities	2.8	Physically Restraine	ed	16.9	Receiving Mech	anically Altered Diets	25.4
Rehabilitation Hospitals	0.0	İ			3	•	
Other Locations	5.6	Skin Care			Other Resident C	haracteristics	
Deaths	75.0	With Pressure Sores		2.8	Have Advance D	irectives	97.2
Total Number of Discharges		With Rashes		8.5	Medications		
(Including Deaths)	36				Receiving Psyc	hoactive Drugs	83.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.6	91.7	1.02	85.5	1.09	85.9	1.09	88.8	1.05
Current Residents from In-County	76.1	77.0	0.99	71.5	1.06	75.1	1.01	77.4	0.98
Admissions from In-County, Still Residing	47.2	23.6	2.00	20.7	2.28	20.5	2.31	19.4	2.43
Admissions/Average Daily Census	49.3	104.9	0.47	125.2	0.39	132.0	0.37	146.5	0.34
Discharges/Average Daily Census	49.3	104.7	0.47	123.1	0.40	131.4	0.38	148.0	0.33
Discharges To Private Residence/Average Daily Census	8.2	49.3	0.17	55.7	0.15	61.0	0.13	66.9	0.12
Residents Receiving Skilled Care	100	95.3	1.05	95.8	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	84.5	87.8	0.96	93.1	0.91	93.2	0.91	87.9	0.96
Title 19 (Medicaid) Funded Residents	83.1	67.5	1.23	69.1	1.20	70.0	1.19	66.1	1.26
Private Pay Funded Residents	16.9	17.9	0.95	20.2	0.84	18.5	0.92	20.6	0.82
Developmentally Disabled Residents	0.0	0.8	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	77.5	45.1	1.72	38.6	2.01	36.6	2.12	33.6	2.30
General Medical Service Residents	11.3	14.8	0.76	18.9	0.59	19.7	0.57	21.1	0.53
Impaired ADL (Mean)	44.2	49.0	0.90	46.2	0.96	47.6	0.93	49.4	0.90
Psychological Problems	83.1	61.8	1.34	59.0	1.41	57.1	1.45	57.7	1.44
Nursing Care Required (Mean)	7.9	7.1	1.11	7.0	1.14	7.3	1.08	7.4	1.07